

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4-4-03.

I. DISPUTE

Whether there should be reimbursement for CPT code 97799CP.

II. FINDINGS

Date of service 9-28-01 was not considered in this decision because it was submitted untimely per above referenced Rule.

The insurance carrier's representative, __, gave preauthorization approval on 4-18-02 for 8 sessions of a chronic pain management program from 4-18-02 to 5-2-02; on 5-10-02 for 8 sessions of a chronic pain management program from 4-29-02 to 5-10-02; 4-28-02 for additional 10 sessions of a chronic pain management program from 7-1-to 8-9-02. Therefore, the insurance carrier is in violation of Rule 133.301(a) by retrospectively denying preauthorized treatment based upon medically unnecessary. The chronic pain management program will be reviewed in accordance with the Commission's *Medical Fee Guideline*.

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
4-26-02 4-29-02 4-30-02 5-1-02 5-2-02 5-6-02 5-7-02 5-8-02 5-9-02 7-1-02 7-2-02 7-3-02 7-5-02 7-11-02 7-12-02 7-15-02 7-17-02 7-19-02	97799CP (X6 hrs)	\$166.67/hr \$1,000.02	\$0.00	V	DOP	Section 413.011(b) Medicine GR (II)(G) Rule 133.301(a)	The respondent did not dispute that amount billed was not fair and reasonable. Therefore, the Medical Review Division will consider \$166.67/hr or \$1000.02/day as fair and reasonable reimbursement in this dispute. 18 dates X \$1000.02 = \$18,000.36.
TOTAL							The requestor is entitled to reimbursement of \$18,000.36 .

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code 97799CP in the amount of **\$18,000.36**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$18,000.36** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 12th day of March 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

David R. Martinez, Manager
Medical Dispute Resolution
Medical Review Division